tions upon which it is possible to come to the following conclusions: It can be seen that the total mortality due to lesions of the vagus nerves is about 60 per cent., with this distinction, that for wounds produced by firearms the mortality is raised to 75 per cent., while it descends to 53 per cent. in surgical lesions. And likewise for the various surgical lesions we note that the mortality does not rise above 45 per cent. in maltreatment of the nerve, whereas in resection it is 75 per cent."

A series of experiments upon dogs and rabbits was instituted to endeavor to clear up some of the discordant results as brought about in a careful study of the tables, the whole making a valuable contribution to the knowledge of the subject.—*La Clinica Chirurgica*, Vol. I, No. 6, June 30, 1893, pp. 241–273.

SMITH ELY JELLIFFE (Brooklyn).

HEAD AND NECK.

I. Two Cases of Successful Operation for Cerebral Abscess. By Dr. LINDH (Copenhagen). The author reported two cases before the recent meeting of the Congress of Scandinavian Surgeons. The first was a man of thirty-six years, who had suffered from suppurative inflammation of the middle ear. Ptosis of the left eye, spasms of the muscles of the back of the neck, and paresis of the face led to a diagnosis of cerebral abscess. The mastoid process was first trepanned and found normal. The temporal bone was then opened, and on trial puncture into the brain-substance pus was found quite deeply situated. A crucial incision into the dura mater and brain revealed pus two centimetres below the cortex. After evacuation a drainage-tube was introduced, and the cavity healed by granulation. After the operation the patient was seized with an acute psychosis and was delirious for three weeks. In the mean time the wound healed, and at the same time that he was about to be discharged and taken home the mental affection also disappeared.

The second case was a girl of eight years, who previously had not presented the slightest sign of disease, except a tuberculous ten-

dency. Yet three months before she had been sick for five weeks with an acute febrile affection, but from this she completely recovered. The day before entering the hospital she was seized with disturbances of speech, and some time before the operation a tumor of the vertex was remarked. It was diagnosticated as an abscess and incised. Pus was evacuated and a necrotic piece of bone was removed. Her speech has gradually returned. The origin of the abscess is obscure. Dr. Soederbaum in the discussion presented two similar cases.—*Hygeia*, No. 8, 1893.

FRANK H. PRITCHARD (Norwalk, Ohio).

II. Fresh Points in the Operative Treatment of Cerebral Tumors. By VICTOR HORSLEY, F.R.C.S. (London). The author, in a paper presented to the British Medical Association, protests against the use of hammer and chisel in the removal of large bone-flaps with adherent soft parts from the cranial vault. He insists that hammering the skull increases shock, especially when there is already increased intracranial tension. He shows that the pericranium has no osteogenic power, and that, therefore, it is a matter of no moment whether it be kept in contact with the bone or no. In cases in which removed bone can be replaced it should be returned in large pieces and not cut into small pieces. For the purpose of avoiding the shock of prolonged operations, he advises operating in two stages,—in the first the bone alone is removed; in the second the operation is completed. Where a cavity is left, he advises packing it with gauze for twenty-four hours, for the purpose of giving support to the softened brain-tissue forming the walls of the cavity.

Macewen, following in discussion, expressed approval of the idea of operating in two stages, and said that he had followed that method during the last five years, especially in large and vascular tumors, since thereby not only was shock diminished, but also by the soldering of the membranes at the margin of the exposed brain the subdural space was shut off and the escape of blood into it prevented.—*British Medical Journal*, December 23, 1893.

III. Three Cases of Intracranial Neurectomy. By J. T. M. FINNEY, M.D. (Baltimore). The first case, a woman of forty-seven years, had suffered from neuralgia of the second and third branches of the right trigeminal for five years. Resections of the inferior dental and of the infraorbital nerves had been done with only temporary benefit. Hartley's operation was done September 7, 1893. By retracting the brain quite firmly, the second and third branches were brought into view just where they entered their respective foramina. Following backward, with these nerves as a guide, an attempt was made to tear through the reflection of the dura covering the Gasserian ganglion, but it resisted all efforts. The second and third branches were then divided as close to the bone as possible, and that portion of them between the foramina and the ganglion torn out. As much as possible of the ganglion was then picked out by forceps. The cavernous sinus is supposed to have been opened into during the efforts to uncover the ganglion, for a free venous hæmorrhage occurred, which was, however, easily controlled by a gauze tampon. The bone-flap was replaced, the iodoform gauze drain brought out through a notch in the bone-flap, to be removed on the fifth day. Uncomplicated healing resulted.

The second case, a man of sixty-three years, had suffered from neuralgia of the first branch of the right trigeminal nerve for eleven years, the affection having grown slowly in intensity. Hartley's operation was done September 7, 1893. The same difficulties were met with, and were dealt with in the same way. Piecemeal removal of the ganglion, by picking at it with forceps, was done. The wound was treated in the same manner as in Case I. No unfavorable symptom followed, except severe and obstinate vomiting for a few days. No pain since the operation.

The third case, a man of sixty-nine years, had a history of neuralgia of face dating back for three years. At time of operation the slightest touch almost anywhere over the right side of the head would cause a paroxsym of pain, always referred to the root of the tongue; most sensitive points seemed to be the lips and chin. Patient had

also very stiff arteries and mitral insufficiency. At earnest request of patient Hartley's operation was done, September 15, 1893. The middle meningeal artery was plugged in the foramen spinosum by "gutwool"; the edge of the petrous portion of the temporal bone was then traced forward to the point where the dura splits to be reflected over the ganglion; the dura was here divided and easily raised with a periosteum elevator so as to expose the ganglion in its entirety: the second and third divisions were then cut off close to their foramina, the ganglion was grasped with an artery-clamp and the entire root torn out from its attachment to the pons. Subsequent treatment of the wound as in the previous cases. Patient recovered satisfactorily from the immediate effects of the operation, and was apparently doing well, when suddenly, seven hours after operation, he became cyanosed and immediately expired. Autopsy showed high degree of atheroma of all the arteries of the brain, with cardiac dilatation and hypertrophy, and numerous globular thrombi attached to the septum.—*Johns Hopkins Hospital Bulletin*, October, 1893.

IV. The Primary Melanotic Tumors of the Orbit. By Dr. FELIX LAGRANGE. The author limits his memoir exclusively to the primary melanotic tumors developed in the orbit behind the capsule of Tenon; those tumors being entirely free from the globe of the eye and of the conjunctiva. There are gathered together in this memoir observations upon eleven cases of melanotic tumors. The author formulates: "There exist two important divisions of melanotic tumors,—false melanosis, produced by old hæmorrhages, and true melanosis, in which the pigment does not respond to Robin's reaction. Of this latter class, two clinical groups are to be observed:

"The first group includes those melanotic tumors arising in the uveal tract. These are very malignant, being so for two reasons, on account of the sarcomatous character of their tissues, and they contain the true melanotic poison of the metamorphoses occurring in the uveal tract.

"The second group includes the melanotic tumors developed in

the conjunctiva, eyelids, and the orbit. These tumors are not malignant, the pigment that they contain adds nothing to their malignancy, and the prognosis is by no means as serious as in the tumors of the first group."—*Arch. Clin. de Bordeaux*, Vol. II, No. 9, September, 1893, p. 413.

SMITH ELY JELLIFFE (Brooklyn).

THORAX AND ABDOMEN.

I. Case of Extensive Traumatism of Thorax Conducted to Recovery. By I. P. STRITTMATTER, M.D. (Philadelphia). The reporter related, at a meeting of the Philadelphia County Medical Society, the following case: A man, aged twenty-two years, was admitted to St. Mary's Hospital, September 10, 1890. About two hours previous he had sustained a penetrating wound of the left side of his thorax by a wagon tongue.

When first seen he was lying on his back. Respiration labored but painless, except when making an effort to change position or talk. Respirations 28, pulse 80; lips somewhat cyanotic; face anxious; no perspiration. His breathing was peculiar. On the right side of the thorax, respiratory movements were exaggerated in inspiration and expiration, and all the accessory muscles of respiration were brought into requisition. Abdominal respiration was apparently suspended, while the abdominal muscles were fixed and rigid. On the left side, over a space extending from clavicle to a little below the nipple line, and from sternum to axillary line, the movements were diametrically opposite to those on the right side. With each *inspiration* the centre of this area sank about three inches below, and with each *expiration* arose a similar distance above, the normal arc in chest circumference. Only two or three words at most could be uttered before necessity for breath caused a pause. At each inspiration the movements of the heart were perceptible in the lower inner angle of this space.

The heart and thoracic cavity being only protected by contused skin without bone or muscle support, an incision one inch long in the centre of the space permitted an exploration with one finger. The